

County: Dodge
MARQUARDT MEMORIAL MANOR, INC.
1020 HILL STREET

Facility ID: 5450

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WATERTOWN 53098 Phone:(920) 261-0400
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 140
Total Licensed Bed Capacity (12/31/02): 140
Number of Residents on 12/31/02: 140

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 138

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	Yes									31.4
Supp. Home Care-Personal Care	No						1 - 4 Years			40.7
Supp. Home Care-Household Services	Yes		Developmental Disabilities	0.7	Under 65	3.6	More Than 4 Years			27.9
Day Services	No		Mental Illness (Org./Psy)	50.0	65 - 74	4.3				-----
Respite Care	No		Mental Illness (Other)	2.1	75 - 84	27.1				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	55.7				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	2.1	95 & Over	9.3				Full-Time Equivalent
Congregate Meals	Yes		Cancer	2.9		-----				Nursing Staff per 100 Residents
Home Delivered Meals	Yes		Fractures	0.0		100.0				(12/31/02)
Other Meals	No		Cardiovascular	6.4	65 & Over	96.4				-----
Transportation	No		Cerebrovascular	7.9		-----				RNs 14.7
Referral Service	Yes		Diabetes	2.9	Sex	%				LPNs 7.9
Other Services	Yes		Respiratory	0.7		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	24.3	Male	25.7				Aides, & Orderlies 53.1
Mentally Ill	No			-----	Female	74.3				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	211			90	100.0	113	0	0.0	0	44	100.0	210	0	0.0	0	0	0.0	0	140	100.0
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0				90	100.0		0	0.0		44	100.0		0	0.0		0	0.0		140	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	6.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.5	Bathing	0.0	51.4	48.6	140
Other Nursing Homes	1.5	Dressing	5.0	70.0	25.0	140
Acute Care Hospitals	83.6	Transferring	22.1	57.9	20.0	140
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	11.4	55.0	33.6	140
Rehabilitation Hospitals	0.0	Eating	20.7	68.6	10.7	140
Other Locations	7.5	*****				
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.7	Receiving Respiratory Care	5.7	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	60.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	6.3	Occ/Freq. Incontinent of Bowel	46.4	Receiving Suctioning	0.0	
Other Nursing Homes	0.0			Receiving Ostomy Care	0.7	
Acute Care Hospitals	6.3	Mobility		Receiving Tube Feeding	0.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.9	Receiving Mechanically Altered Diets	45.0	
Rehabilitation Hospitals	0.0					
Other Locations	6.3	Skin Care		Other Resident Characteristics		
Deaths	81.3	With Pressure Sores	2.1	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	12.1	Medications		
(Including Deaths)	64			Receiving Psychoactive Drugs	69.3	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Nonprofit Peer Group		Bed Size: 100-199 Peer Group		Licensure: Skilled Peer Group		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.6	92.2	1.07	85.5	1.15	86.7	1.14	85.1	1.16
Current Residents from In-County	61.4	76.0	0.81	78.5	0.78	69.3	0.89	76.6	0.80
Admissions from In-County, Still Residing	41.8	25.2	1.66	24.7	1.69	22.5	1.86	20.3	2.06
Admissions/Average Daily Census	48.6	95.0	0.51	114.6	0.42	102.9	0.47	133.4	0.36
Discharges/Average Daily Census	46.4	97.5	0.48	114.9	0.40	105.2	0.44	135.3	0.34
Discharges To Private Residence/Average Daily Census	2.9	38.4	0.08	47.9	0.06	40.9	0.07	56.6	0.05
Residents Receiving Skilled Care	100	94.3	1.06	94.9	1.05	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	96.4	97.3	0.99	94.1	1.02	93.6	1.03	87.7	1.10
Title 19 (Medicaid) Funded Residents	64.3	63.8	1.01	66.1	0.97	69.0	0.93	67.5	0.95
Private Pay Funded Residents	31.4	28.5	1.10	21.5	1.46	21.2	1.48	21.0	1.49
Developmentally Disabled Residents	0.7	0.3	2.82	0.6	1.13	0.6	1.26	7.1	0.10
Mentally Ill Residents	52.1	37.9	1.38	36.8	1.42	37.8	1.38	33.3	1.56
General Medical Service Residents	24.3	23.0	1.05	22.8	1.06	22.3	1.09	20.5	1.18
Impaired ADL (Mean)	58.0	49.9	1.16	49.1	1.18	47.5	1.22	49.3	1.18
Psychological Problems	69.3	52.6	1.32	53.4	1.30	56.9	1.22	54.0	1.28
Nursing Care Required (Mean)	8.3	6.3	1.32	6.8	1.21	6.8	1.22	7.2	1.15